

REQUEST
FOR
FUNDS



NORTH AMERICAN MISSIONS UPCI
MISSISSIPPI

NAME: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOME TELEPHONE: _____ CELL: _____

EMAIL: _____

FUNDING FOR:

BUILDING/GROUNDS: \$ _____ UTILITIES: \$ _____ ADVERTISING: \$ _____

RENT: \$ _____ REVIVAL: \$ _____ OTHER: \$ _____ TOTAL: \$ _____

Explain purpose of funds: _____

Total Amount Requested: \$ _____

Date Funds Needed: _____

(Signature of Applicant)

UPCI Affiliated: YES: () NO: ()

N.A.M. Monthly Reports Current: YES: () NO: ()

Compliant with MS District Financial Plan: YES: () NO: ()

Amount Approved: \$ _____

Approval Date: _____

(Signature of MS N.A.M. Director)